

SOLID WASTE FACILITY PERMIT

1. Facility/Permit Number:

20-AA-0002

2. Name and Street Address of Facility:

Fairmead Landfill
21739 Road 19
Chowchilla, California

3. Name and Mailing Address of Operator:

Madera Disposal Systems, Inc.
P.O. Box 414
Madera, CA 93639

4. Name and Mailing Address of Owner:

County of Madera
135 W. Yosemite Avenue
Madera, CA 93637

5. Specifications:

a. Permitted Operations:

- ☐ Composting Facility (mixed wastes)
☐ Composting Facility (yard waste)
☒ Landfill/Balefill Disposal Site
☐ Material Recovery Facility
☐ Processing Facility
☐ Transfer Station
☐ Transformation Facility
☐ Other: _____

b. Permitted Hours of Operation:

Public hours: M-F 8:00 am - 4:30 pm; Sat. & Sun. 9:00 am - 4:30 pm

Closed: New Year's Day, Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving & Christmas

Operator hours: M-F 7:00 am - 7:00 pm; Sat. & Sun. 8:00 am - 6:00 pm

Other: M-Sat 5:00 am from State Prison Facilities only

c. Permitted Tons per Operating Day (Consistent with Table 1-2, p. T-2 of the FEIR):

Total: 395 Peak Tons/Day

Non-Hazardous - General:

(consistent with Condition 17.G.)

Non-Hazardous - Sludge (See Section 14 of Permit)

Non-Hazardous - Separated or commingled recyclables

Non-Hazardous - Other (See Section 14 of Permit)

Designated (See Section 14 of Permit)

Hazardous (See Section 14 of Permit)

	Avg. Tons/Day
283	
NA	Tons/Day
NA	Tons/Day
NA	Tons/Day
NA	Tons/Day
NA	Tons/Day

d. Permitted Traffic Volume:

(Landfill only)

Incoming waste materials

Outgoing waste materials (for disposal)

Outgoing materials from material recovery operations

Total: 30 Vehicles/Day

30	Vehicles/Day
NA	Vehicles/Day
NA	Vehicles/Day

e. Key Design Parameters (Detailed parameters are shown on site plans bearing LEA and CIWMB validations):

	Total	Disposal	Transfer	MRF	Composting	Transformation
Permitted Area (in acres)	116.22	77				
Design Capacity		3,204,349	cy			
Max. Elevation (Ft. MSL)		310	ft			
Max. Depth (Ft. BGS)		46	ft			
Estimated Closure Date		2013				

The permit is granted solely to the operator named above, and is not transferable. Upon a change of operator, the permit is subject to revocation or suspension. The attached permit findings and conditions are integral parts of this permit and supersede the conditions of any previous issued solid waste facility permits.

6. Approval:

Approving Officer Signature

Jill Nishi, REHS II
Name/Title

7. Enforcement Agency Name and Address:

Madera County Environmental Health Department
135 W. Yosemite Avenue
Madera, CA 93637

Received by CIWMB:

APR 16 1996

9. CIWMB Concurrence Date:

05-13-96

10. Permit Review Due Date:

05-13-01

11. Permit Issued Date:

05-13-96